

**Northeast Counterdrug Training Center
Indiana State Police**



**Clandestine Laboratory Certification Training
Nomination**

March 15-19, 2010



Name: _____

Home Address: _____

Home Phone: _____ **Cell Phone:** _____

Agency: _____ **Agency Phone:** _____

Agency Address: _____

Rank: _____ **Position:** _____

Your Email: _____ **Supervisor's Email:** _____

Supervisor's Name and Rank: _____

Emergency Contact Name: _____ **Relationship:** _____

Address: _____

Phone (all available): _____

Other Clan Lab Certified Personnel on your Department:

Email or fax your registration to 317-234-4593 or ncrawford@isp.in.gov by **Monday, January 25, 2010**.
Seats in this school are limited. You will be notified by January 27, if you have received a seat in the
class. At that time additional instruction for final registration, housing, and medical exams will be sent.

If you have any questions contact F/Sgt. Niki Crawford, Indiana State Police Meth Suppression Section,
317-234-4591 or ncrawford@isp.in.gov